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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	788-18 Reissue
	First Named Inventor	Kenneth J. McLeod
	Original Patent Number	6,561,991
	Original Patent Issue Date (Month/Day/Year)	May 13, 2003
	Express Mail Label No.	EV 333228828 US

APPLICATION FOR REISSUE OF:
(Check applicable box) ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173) ACCOMPANYING APPLICATION PARTS

<ol style="list-style-type: none"> <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing) <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. 1.175) (PTO/SB/51 or 52) <input checked="" type="checkbox"/> Power of Attorney <input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 C.F.R. 3.73(b) Statement (PTO/SB/96) <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) <ol style="list-style-type: none"> <input type="checkbox"/> Computer Readable Form (CFR) Specification Sequence Listing on: <ol style="list-style-type: none"> <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or <input type="checkbox"/> paper <input type="checkbox"/> Statements verifying identity of above copies 	<ol style="list-style-type: none"> <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c). <input type="checkbox"/> Original Patent Grant <ul style="list-style-type: none"> <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable) <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable) <input checked="" type="checkbox"/> Preliminary Amendment <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) Other: _____
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18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number. _____	OR <input checked="" type="checkbox"/> Correspondence address below
Name Dilworth & Barrese, LLP	
Address 333 Earle Ovington Boulevard	
City Uniondale	State N.Y. Zip Code 11553
Country US	Telephone 516-228-8484 Fax 516-228-8516

Name (Print/Type) Paul J. Farrell	Registration No. (Attorney/Agent) 33,494
Signature <i>Paul J. Farrell</i>	Date November 12, 2003

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number **EV 333228828 US** addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: **November 12, 2003**

Yuri Kateshov
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(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format
(amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. ☒ Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☒ 37 C.F.R. 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☐ Statement of status and support for all
changes to the claims. See 37 CFR 1.173(c).
11. ☐ Original Patent Grant
 - ☐ Ribbioned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: _____

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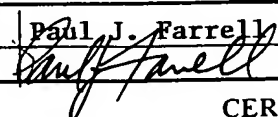


Customer Number.



Correspondence address below

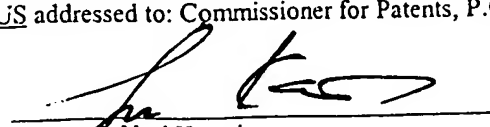
Name	Dilworth & Barrese, LLP			
Address	333 Earle Ovington Boulevard			
City	Uniondale	State	N.Y.	Zip Code 11553
Country	US	Telephone	516-228-8484	Fax 516-228-8516

Name (Print/Type)	Paul J. Farrell	Registration No. (Attorney/Agent)	33,494
Signature		Date	November 12, 2003

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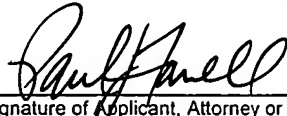
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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 788-18 Reissue		
Claims as Filed – Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A)	Total Claims (37 CFR 1.16(j))	(B) 16	**** =	x \$ ____ =			x \$ ____ =	
(C)	Independent claims (37 CFR 1.16(i))	(D) 3	. =	x \$ ____ =		or	x \$ ____ =	
				Basic Fee (37 CFR 1.16(h))		\$ ____	\$ ____	
				Total Filing Fee		\$ ____	OR \$ ____	
Claims as Amended – Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =	
					Total Additional Fee	\$	OR \$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>04-1121</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>375.00</u> to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>November 12, 2003</u> Date</p> <p><u>33,494</u> Registration Number, if applicable</p> </div> <div style="width: 45%; text-align: right;"> <p> Signature of Applicant, Attorney or Agent of Record</p> <p><u>Paul J. Farrell</u> Typed or printed name</p> </div> </div>								

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